

A. Signature <input checked="" type="checkbox"/> <i>J. H. [Signature]</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>J. H. [Signature]</i>	C. Date of Delivery <i>3-29-04</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

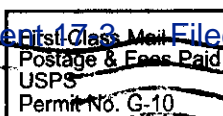
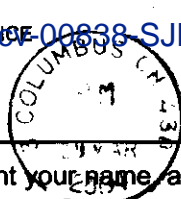
1. Article Addressed to:  
Todd B. G. BBS  
#A382-781  
Ross Corr. Inst.  
P.O. Box 7010  
Chillicothe, OH. 45601

3. Service Type  
☒ Certified Mail    ☐ Express Mail  
☐ Registered    ☐ Return Receipt for Merchandise  
☐ Insured Mail    ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)    ☐ Yes

(Transfer from service label)

7002 0860 0000 1408 6510



• Sender: Please print your name, address, and ZIP+4 in this box •

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